Form 85-391-02-1-1 (Rev. 05/02)

Mississippi Income Tax Return for Insurance Companies

Page 1	1 ax 1 eai 20					
Due Date	The 15th day of the third month following the close of the accounting period	. Initial federal extensions	are recognized.			
Name of Corpora	tion	Federal Employer Ider	ntification Number			
Mailing Address	(Number and Street, Including Street) Phone	-				
Mailing Address	(Number and Street, Including Street) Phone ()		Mail to u of Revenue			
City	State Zip County	P. O	Box 23050 MS 39225-3050			
This Dot	urn Filed on Accrual Basis or Receipts and Disbursem	nonte Pasis				
	Treceipts and Disbursein	INCOME	TAY			
		INCOME	TAX			
1.	Net Taxable Income from Page 2, Line 17, Column 1					
2.	Tax at 3% on first \$5,000 or part thereof		L			
X 3.	Tax at 4% on next \$5,000 or part thereof					
4.	Tax at 5% on balance					
9 5.	Total Tax		L			
COMPUTATION OF TAX 9. 6.	Less: Credit for Retaliatory Taxes paid other states (MS Corporations only	y) >				
8 7.	Net Tax Due (Line 5 less Line 6)					
8.	Interest and Penalty on Underestimated Income Tax Payments (Attach Fo	orm 83-305)	l			
9.	9. Less: Credits (1) Overpayment from prior years					
	(2) Estimated Income Tax Payments and Tax Paid with Exte		1			
10			I			
DE E	D. Balance Due (Line 7 plus Line 8 less Line 9)					
JE 11	. On Late Payments: Penalty Due (.5% per Month)		L			
BALANCE	2. Total Due (Line 10 plus Line 11)					
	B. Amount Paid with this return	>				
OVERPAYMENT 15	F. Total Overpayment (Line 7 plus Line 8 less Line 9)		[
15 15	5. Amount of Overpayment (on Line 14) to be refunded					
0 16	6. Amount of Overpayment (on Line 14) to be credited to next year					
I, the under	signed officer of the organization for which this return is made, declare under	er penalties of perjury that I	have examined this ret			
(including a	ny accompanying schedules and statements) and to the best of my knowled	age and belief, it is a true, c	orrect return.			
	Officer's Signature	Signature of preparer	other than taxpayer			

Date

Federal I. D. Number

Date

Title

Mississippi Income Tax Return for Insurance Companies

Page 2 Tax Year 20 _____

Computation Of Net Income	Mississippi	Company-Wide
Direct premiums (except accident and health) less return premiums		
Direct accident and health premiums		
3. Reinsurance assumed (if applicable)		
4. Considerations for annuities		
5. Considerations for supplementary contracts		L
6. Unearned premiums, December 31, prior year	L	L
7. Gross investment income	I	L
8. Other income	1	1
9. Total (add Lines 1 through 8)	I	1
10. Unearned premiums, December 31, current year		L
11. Reinsurance ceded (if applicable)		L
12. Dividends to policy holders		L
13. Total (add Lines 10 through 12)		L
14. Gross income (Line 9 minus Line 13)	L	L
15. Total deductions from Page 3, Line 18		L
16. Less: Mississippi Net Operating Loss	I	
17. Net Income. Enter Mississippi amount on Page 1, Line 1	1	
Expense Apportionment Ratios	Factors	Ratios
	1 401013	Ratios
1. Loss adjustment expenses	ı	
Mississippi direct losses		
Company-wide direct losses	I	
Other underwriting expenses (except A & H) Mississippi direct premiums (less return premiums), annuity		
considerations, and reinsurance assumed reported		
Company-wide direct premiums (less return premiums), annuity	ĺ	
considerations, and reinsurance assumed		
Accident and Health expenses Mississippi direct premiums and reinsurance assumed reported		
Company-wide direct premiums and reinsurance assumed	1	
4. Investment expenses Mississippi gross investment income		
Company-wide gross investment income		

Mississippi Income Tax Return for Insurance Companies

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Tax Year 20 _____

De	eductions Allocated	Mississippi	Company-Wide
1.	Losses, death benefits, A & H benefits (less applicable recoveries)		
	(a) Paid	L	ı
	(b) Unpaid at December 31, current year	L	1
	(c) Unpaid at December 31, prior year	L	L
2.	Loss adjustment expense allocated	L	L
3.	Matured endowments	l	ı
4.	Annuity benefits	I	ı
5.	Disability benefits	L	ı
6.	Surrender benefits	I	
7.	Payments on supplementary contracts	l	ı
8.	Net additions to reserve funds required by law for liquidating policies at maturity	I	_
9.	Commissions		1
10.	Gross premium privilege tax	<u>l</u>	1
11.	Other allocable taxes	<u>l</u>	1
12.	Rent, allocated	I	ı
13.	Agency expense (Attach MS Schedule)	l	I
14.	Medical and inspection fees, allocated	l	I
15.	Other allocable deductions		
	(a)	<u> </u>	
	(b)		
De	ductions Apportioned		
16.	Loss adjustment expenses	L	1
17.	Totals from Page 4	L	ı
18.	Total deductions (to Page 2, Line 15)		

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Deductions Apportioned	ortioned
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Tay	Year	20	
Idx	i Hai	20	

Life, accident and health, fire and casualty, and investment expenses must be separately apportioned. Attach supplementary pages to the return. Do not itemize non-allocable loss adjustment expenses but show totals only at Page 3, Line 16.

	From Annual Statement		Less Allocable Expenses	Dalance Annortionable	
Page	Line	Description	Column ()	Less Allocable Expenses	Balance Apportionable
			\$	\$	\$
		Totals Applicable Apportionment Ratio from Page 2	\$	\$	\$
		Total Apportioned to Mississippi (Carry to Page 3, Line 17)			\$

Retaliatory Taxes Paid

Mississippi Corporations Only - Itemize Retaliatory Taxes paid by state and attach copies of actual returns documenting amounts listed. Attach supplementary schedule if necessary.

Taxing Authority	Amount	Taxing Authority	Amount
		Total this Schedule - To Page 1, Line 6	